

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
APPLICANT(S)			

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	12345		56789		98765	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	12345		56789		98765	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS